

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031195

FILED VS SEP 4 1959

Registration District No. 328 Primary Registration District No. 4485 Registrar's No. 84

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Scott</u>				a. STATE <u>Missouri</u> COUNTY <u>Scott</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fornfelt</u>		Length of stay in 1b <u>5 yrs</u>		c. CITY OR TOWN <u>Fornfelt</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Fornfelt, Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Fornfelt, Mo.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			First	Middle	Last	4. DATE OF DEATH	
<u>Ottis L. Scudder</u>						Month	Day
						<u>August</u>	<u>15, 1959</u>
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>2/19/1885</u>	
						9. AGE (last birthday) <u>74</u>	
						IF UNDER 1 YEAR Months	
						Days	
						IF UNDER 24 HR Hours	
						Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired employee-Chevrolet Plant, Flint, Mich.</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Flint, Mich.</u>		11. BIRTHPLACE (City and state or country) <u>Murnhvsboro, Ill.</u>	
						12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Samuel A. Scudder</u>				13b. MOTHER'S MAIDEN NAME <u>Leonora V. Brock</u>		14. NAME OF HUSBAND OR WIFE <u>Annie Dolton Scudder</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>385-07-6158</u>		17. INFORMANT <u>Mrs. Maggie Hudson-Fornfelt, Mo.</u>	
						Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Massive hemorrhage, probably pulmonary</u>							<u>3</u>
DUE TO (b) <u>Unknown Natural causes.</u>							
DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							PART III. If deceased was female was there a pregnancy in last 90 days.
							<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY		Hour		Month, Day, Year			
		a.m.					
		p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>First call about 2 hours after death</u> and last saw him alive on _____							
Death occurred at <u>about 11 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Shelma C. Buckthorpe, M.D. Health Officer</u>				22b. ADDRESS <u>Benton, Mo</u>		22c. DATE SIGNED <u>8-22-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8/18/1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Lorimier Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Mo.</u>	
24. FUNERAL DIRECTOR <u>I. L. Haran-Cape Girardeau, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>Aug 24-1959</u>		26. REGISTRAR'S SIGNATURE <u>Mrs Fred Breplinghoff</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 10 1939

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& YAMM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Howard L. Haman

Licensed Embalmer No. 4132

P. O. Address Cape Girardeau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.